Electronic Health Records - EP Patient Volume Reminders

1. The volume attested to as the numerator (Medicaid encounter volume) should also be included in the volume attested to as the denominator (total encounter volume).
2. Consistent methodology should be utilized when calculating the numerator and denominator. (i.e., Global services for which one paid claim includes multiple encounters must be counted in a consistent manner. For all patients and for all payers, count each office visit within the global service as an encounter, regardless of the date of payment.)
3. Effective January 2013:
    a. Medicaid covered services with a zero Medicaid payment should be included in the numerator (Medicaid encounter volume).
    b. Services that are denied Medicaid payment for Medicaid eligible patients should be included in the numerator (Medicaid encounter volume).
4. Dually eligible (Medicaid and Medicare) services should be included in the numerator (Medicaid encounter volume).
5. If utilizing the group proxy methodology, the provider should be able to document that all encounters associated with all group members have been included in the attestation.
    Note: Includes full-time, part-time, and contracted providers, in addition to providers who did not attest.
6. If using an appointment sheet for calculating encounter volume, then the provider must be able to document the following:
    a. Medicaid eligible patients,
    b. Cancelled appointments or “no-show” patients,
    c. Walk in patients (no appointment).
7. Provider should save all data and keep a copy of all documentation that supports the attestation. If selected for an audit, documentation should be readily available for review by auditors. Maintaining proper supporting documentation is especially important when a provider changes billing companies, EHR software vendors, or software companies.
8. Only encounters that occurred during the selected 90 day eligibility period should be included in the attestation volume.
9. Only providers who meet the state’s definition of a pediatrician are eligible to receive the reduced incentive payment that is allowed for an eligibility percentage between 20% and 30%.
10. When using billing units or CPT codes to calculate encounter volume, multiple services provided to one patient on a specific date of service only counts as one encounter rather than counting an encounter for each unit billed or service rendered.